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## Our anesthesia experience in a 105 year old patient

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**Introduction:** In relation to increasing level of development, mean survival constantly increases in the community, which brings about increase in geriatric population (>65 age). Higher number of comorbid diseases, increase in the amount of drugs used, physiological changes associated with aging, decrease in organ functions and adaptation problems render geriatric anesthesia more important and special. Therefore, in this case report, our anesthesia experience with a geriatric patient at the age of 105 undergoing operation due to fracture in femur neck is presented.

**Case:** A 105 year old male patient planned to undergo operation for femur neck fracture, was taken into operating room. ECG, pulse oximetry, and invasive intraarterial blood pressure monitorization was carried out. Bladder catheter was placed for hourly urine monitorization. In preoperative investigations, blood electrolyte levels, urea, creatinin levels were found to be normal and Hb value 9.9 and the only comorbid disease COLD (chronic obstructive lung disease). Patient's had no cardiac complaints and under sterile conditions, spinal anesthesia was administered with 12.5 mg isobaric bupivacain in lateral cubitus position. During surgery, warming was carried out with warming blanket. For perioperatively developing hypotension, 1500cc cristalloid and 500cc colloid were administered. Hourly urine output was 30cc and 20 mg furosemid was administered. As hemoglobin (hgb) value was 7,5, 2 units of erithrocyte suspension was administered in control blood gas evaluation, hemoglobin value was 9.1 and with map (mean arterial pressure) within normal ranges, he was followed for some period in recovery unit for close monitorization. With normal course of hemodynamics, he was transferred to his ward.

**Discussion:** In geriatric population, due to physiological, structural and functional changes associated with aging, sensitivity to anesthetic drugs increase and excretion periods are prolonged. As a consequence of the diastolic dysfunction of the heart, hypovolemic compensation is compromised, which requires cautious fluid management in geriatric population. Owing to reduced lung capacity and muscular mass, sensitivity to depressing affects of general anesthetics on respiration and to the effect of muscular relaxants increases. This creates a risk for overdose in drugs. Thus, anesthetists prefer regional techniques in geriatric patient population. Another advantage of regional anethesia is that it decreases the risk of bleeding in postoperative thormboembolia in lower extremity suergy with the maintenance of analgesia, sympathic stimulus can be kept at minimum, preventing early coronary complications.

**Conclusion:** In view of the information above and probable complications, it is our suggestion that regional anesthesia techniques are more advantageous and safer than general anesthesia, in geriatric patient population.

### Biography

Ozkan Onal has completed his medical education at Gazi University Medical Faculty and he was specialized in anesthesiology in Hacettepe University Medical Faculty. He has more than 15 publications in reputed journals in the field of anesthesia.

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